

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09916200</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">07-27-01</div>				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51		/			
2		/					52		/			
3		/					53		/			
4		/					54		/			
5		/					55		/			
6		/					56		/			
7		/					57		/			
8		/					58		/			
9		/					59		/			
10		/					60		/			
11		/					61		/			
12		/					62		/			
13		/					63		/			
14		/					64		/			
15		/					65		/			
16		/					66		/			
17		/					67		/			
18		/					68		/			
19		/					69		/			
20		/					70		/			
21		/					71		/			
22		/					72		/			
23		/					73	/				
24		/					74		/			
25	/						75		/			
26	/						76		/			
27		/					77		/			
28		/					78		/			
29		/					79		/			
30		/					80		/			
31		/					81		/			
32		/					82		/			
33		/					83		/			
34		/					84		/			
35		/					85		/			
36		/					86		/			
37		/					87		/			
38		/					88					
39		/					89					
40		/					90					
41		/					91					
42		/					92					
43		/					93					
44		/					94					
45		/					95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
TOTAL IND.							TOTAL IND.	4				
TOTAL DEP.							TOTAL DEP.	83				
TOTAL CLAIMS							TOTAL CLAIMS	87				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS